THE UNIVERSITY OF KANSAS
School of Allied Health

Dear Applicant,

Thank you for your interest the Dietetic Internship Graduate Certificate Program. Located on the KU Medical Center campus in Kansas City, Kan., the program has a nutrition therapy emphasis and consists of 24 graduate credit hours which include 1,000 hours of supervised practice. Students are admitted through a nationwide computer matching system and up to 16 students are admitted to the program each year. The coursework begins in late August and is completed by the end of the following July.

We encourage all interns to continue with the Master of Science in Dietetics and Nutrition program after completing the Dietetic Internship program. This can be accomplished in 2 additional semesters (fall and spring) with the completion of 16 to 19 hours (thesis vs. non-thesis programs). Graduate teaching and research assistantships are available to provide financial support (salary and tuition reduction or full payment of tuition) during the year the Master's program is completed.

Details about the curriculum, admissions requirements, and the application process may be found at www.dietetics.kumc.edu. The American Dietetic Association Web site also has a wealth of information about careers in dietetics, pathways to become a Registered Dietitian, accredited program locations, and more. I encourage you to visit the Web site located at www.eatright.org and start at the "Careers and Students" link.

Each fall we host a seminar and recruitment event for prospective students. The event is free of charge for prospective students and program directors and you can find program details on our Web site. Please be sure to register for this exciting event!

We welcome visitors to our campus and if you would like to meet with me please call 913-588-7683 or email dietetics@kumc.edu to set up an appointment. I look forward to working with you in the pursuit of your educational and professional goals in dietetics and nutrition.

Sincerely,

Rachel Barkley, MS, RD, LD
Director, Dietetic Internship Program
and Associate Professor

KUMC subscribes to equal opportunity in its programs and activities. Consequently, it prohibits discrimination based on race, religion, color, sex, disability, national origin, ancestry, sexual orientation and as covered by law, age and veteran status.

**Department of Dietetics and Nutrition**
Mail Stop 4013 | 3901 Rainbow Blvd. | Kansas City, KS 66160 | Office (913) 588-5355
Fax (913) 588-8946 | TDD (913) 588-7963 | www.dietetics.kumc.edu

**DIETETIC INTERNSHIP GRADUATE CERTIFICATE PROGRAM:**
**INTERNATIONAL STUDENT APPLICATION PROCEDURE AND CHECKLIST**

**Application Deadline:** **February 1** **Start Date:** **Fall semester (August)**

All required materials must be received before admission to the program.

## 1 **Students need to provide the following items directly** to the KU Department of Dietetics and Nutrition:

☐ **KU Graduate Studies Application**
This form can be filled out on-screen prior to printing and we strongly encourage you to take advantage of this feature to expedite your application by eliminating questions or concerns due to illegible handwriting.

☐ **Supervised Practice Application**
The Standardized Supervised Practice Application form can be obtained from http://www.depdpg.org/585.cfm.

☐ **Resume**

☐ **Letter of Career Goals**
A letter describing educational and career goals, reasons for selecting the program, and other pertinent information is required. If you are interested in earning a Master of Science in Dietetics and Nutrition after completing the program, state this in the letter.

☐ **Application fee of $60**
Please make payable to "University of Kansas Medical Center". This fee is required whether or not you are currently enrolled at the University of Kansas. Your application will not be processed without the fee. Please do not send cash.

## 2 **Students do not provide these items directly**, but must request they be provided to the KU Department of Dietetics and Nutrition:

☐ **Official transcripts**
Two (2) original transcripts must be sent **directly to KU from each college or university attended**. Students may also submit these transcripts personally if they remain sealed in official institution envelopes.

☐ **Graduate Record Examination (GRE)**
Students must have taken the GRE within the past four (4) years and include verbal, quantitative and analytical scores. Applicants must arrange for official, **complete GRE results to be submitted to KU directly by ETS**.

☐ **Declaration of Intent**
A verification statement or declaration of intent form is required. This form is completed by your didactic program director and must have an original signature and list courses to be completed by graduation.

☐ **Test of English as a Foreign Language (TOEFL)**
If English is a second language, applicants must take the TOEFL and provide the results. The TOEFL scores must be from a test taken within the past two (2) years.

☐ **Three (3) completed reference forms**
Three recommendation forms are to be submitted with the application. Recommendations can be from the didactic program director, faculty, advisers, employers, or others who are familiar with your work and character. Distribute the forms, giving the individuals who are writing the recommendations enough notice to thoughtfully complete the form before you plan to send in your application. Instruct them that after they have completed the recommendation, they should put it in an envelope, seal the envelope, sign over the seal, then return the sealed envelope to you. Alternatively, these letters may be mailed directly to the department office.

**Mail all required materials by registered or certified mail, so that a return receipt is provided, to:**
KU Dept. of Dietetics and Nutrition
Attn: Dietetic Internship Admissions
Mail Stop 4013
3901 Rainbow Blvd.
Kansas City, KS 66160

**STUDENT RESIDENCY POLICY:**
**You are considered an international student if you require a visa, or currently reside in the U.S. with non-immigrant status, or are currently residing in the U.S. and applying for permanent resident.**

KU MEDICAL CENTER
The University of Kansas

Dietetic Internship Graduate Certificate

Term (please select one): 2010 - Fall

Date Received
Date Fee Rec'd
Payment Method
For KU Use Only

# KU Medical Center International Graduate Student Application for Admission

Please carefully enter information into each field and print two copies when complete; keep one for your personal records.

## Personal Information

First Name or Given Name | Middle | Last Name or Family Name | Date of Birth: MM/DD/YYYY

Preferred Name, if different from above | Other name(s) under which your records might be found | Male | Female

Social Security Number (if available)

Home (Current) Address:

Number and Street

City & State/Province

Country | Zip /Postal Code

Phone Number (include country/city code) | Mobile Phone Number

E-mail Address

Permanent Address (if different from current address):

Number and Street

City & State/Province

Country | Zip /Postal Code

Phone Number (include country/city code) | Mobile Phone Number

Country of Citizenship:

Visa Status: F-1 Student Current F-1 Student Requested

Birthplace (City/Country):

Is English your first language? Yes No If No, what is your first language?

## Ethnicity

Are you Hispanic or Latino?

- Yes, I am Hispanic or Latino.
- No, I am not Hispanic or Latino.

What is your race? Select one or more races.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other

NOTE: Disclosure of ethnicity/race information is optional. The University of Kansas has an affirmative action program and is an equal opportunity institution. In order to comply with federal government regulations under Title VI of the Civil Rights Act and Title IX of the Education Amendments, the University seeks voluntary disclosure of information from applicants for reporting purposes only. A decision not to provide this information will not negatively affect decisions on admission, assistantships, or awards.

## Academic Program Information

| Dept. of Dietetics and Nutrition | Dietetic Internship Graduate Certificate | AHLTG | DIETINT-GC |
|---|---|---|---|
| Department offering degree | Degree | Academic Program | Academic Plan |

Term: 2010 - Fall

Cert/Other Degree Level

Non-degree-seeking

## Educational Information

Applicants must request one (1) official set of transcripts be sent directly from **each** academic institution attended to the department at KU in which the desired academic program resides. Starting with most recent, please list every higher education institution you have attended. Attach an additional list if needed.

Full Name of College/University

City/State

Degree Major

To

Dates of Attendance (MM/YY) | Date Awarded or Expected | GPA

Full Name of College/University

City/State

Degree Major

to

Dates of Attendance (MM/YY) | Date Awarded or Expected | GPA

Full Name of College/University

City/State

Degree Major

to

Dates of Attendance (MM/YY) | Date Awarded or Expected | GPA

## Other Information

Please check any which apply to you:

- ☐ Current KU/KUMC student
- ☐ Have APPLIED to KU/KUMC before
- ☐ Have ATTENDED KU/KUMC before
- ☐ Member of US Armed Forces, or a dependent of one
- ☐ My parents or I have moved to take a job in Kansas before I enter KU

If you have been, or currently are, a student of the University of Kansas (any campus) please enter your student ID: _____

Are you currently a resident of the State of Kansas? ☐ Yes ☐ No When did you begin continuously living in Kansas? _____

## Exam Scores, References and Additional Requirements

Additional information and documentation may be required for application to individual academic programs. Please check with the admissions coordinator or Web site of your desired academic program for complete application instructions and requirements.

## Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment at the University of Kansas.

I hereby grant permission to KU to release applicable personal information, including identification numbers, as needed to complete background checks and/or other approval processes for clinical practice. I understand that my admission is conditional upon completion of the background check and that it could provide grounds for rejection of my admission. I further understand and agree that should I be admitted after a background check, that check could be grounds for clinical sites to reject my participation in a clinical training rotation.

Date of Application _____ Signature of Applicant _____

If you have a disability and would like to know about KUMC services, write to: University of Kansas Medical Center, Equal Opportunity Office, Mail Stop 2014, 3901 Rainbow Blvd., Kansas City, KS 66160, USA.

Safety and Crime at KU Medical Center: Safety policies, procedures, campus resources, and providing definitions, explanations, and a statistical portrait of crimes on campus can be found at www.kumc.edu/police.

## Submit Application

Please print, sign and mail this completed application form with the application fee (and any other materials which may be required) to the **KU department in which your desired academic program resides**. Incomplete or unsigned applications will not be accepted.

PLEASE DO NOT WRITE BELOW THIS LINE

Dietetic Internship Graduat 2010 - Fall AHLTG DIETINT-GC

**DEPARTMENTAL RECOMMENDATION**

☐ Do not admit.
Application will not be forwarded to Graduate Studies.

☐ Calculation of cumulative GPA from official transcripts

Admission recommended with status (check only one):

☐ Regular ☐ Regular non-degree ☐ Special B (IGPBS only)

☐ Provisional ☐ Provisional non-degree

Reason(s) for provisional status:

Comments/Remarks:

Department Signature Date

**GRADUATE STUDIES ACTION**

☐ Date admitted in SAKU

Admission granted with status (check only one):

☐ Regular ☐ Regular non-degree ☐ Special B (IGPBS only)

☐ Provisional ☐ Provisional non-degree

Reason(s) for provisional status:

Comments/Remarks:

Graduate Studies Signature Date

## WAIVER and RECOMMENDATION FORM

**To the applicant:** Please complete the following:

**Name:** _____ **Date of Graduation:** _____
(Last, first, middle or maiden)

**The applicant should sign and date one of the following statements:**

1) I wish to have access to this letter and I understand that under the Family Education Rights to Privacy Act of 1974, 20 U.S.C.A. Par. 1323 g (a) (1) and P.L. 397 of 1978, I have the right to read this recommendation.

   Applicant's Signature _____ Date _____

2) I wish this letter to be confidential and I hereby waive any and all access rights granted me by the above laws to this recommendation.

   Applicant's Signature _____ Date _____

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Please rate the applicant on the qualities you feel you can judge on the grid below. Indicate your perception of the student's readiness to function in a dietetic internship program at this time. Provide comments of ratings and your signature on next page.

Student's Name _____ Actual or Expected Date of Graduation _____

O – Outstanding; MS - More than Satisfactory; SAT – Satisfactory; NI - Needs Improvement, U - unsatisfactory

| | O | MS | SAT | NI | U | Unable to Evaluate |
|---|---|---|---|---|---|---|
| **Application of Knowledge**<br>Nutrition Content | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Medical Nutrition Therapy | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Foodservice Management | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Analytical Skills/Problem Solving** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Conceptual Skills** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Communication Skills**<br>Oral | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Written | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Interpersonal Skills**<br>Peers/Co-Workers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Teachers/Supervisors | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Leadership Potential** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Initiative/Motivation** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Punctuality** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Adaptability** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Reaction to Stress** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Perseverance** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Creativity** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Organizational Skills** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Works Independently** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Responsibility/Maturity** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Overall Potential as a Dietitian** | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Relationship to Applicant:** Advisor: ☐ Teacher: ☐ Work Supervisor: ☐ Other: ☐

If Other, please indicate relationship: _____

**How long have you known applicant?** _____

**How well do you know applicant?** _____

| **Do You:** (Check appropriate box.) | **Highly Recommend** | | **Recommend** | | **Not Recommend** |
|---|---|---|---|---|---|
| | 5 ☐ | 4 ☐ | 3 ☐ | 2 ☐ | 1 ☐ |

**Prepared by The American Dietetic Association and Dietetic Educators of Practitioners Practice Group for optional use by dietetics education programs (2004).**

**Additional Information:** Use to amplify or add to characteristics rated on previous page. Indicate applicant's strengths and those qualities that require further development. (May use a separate sheet or letter.)

**Strengths**:

**Qualities that Require Further Development**:

**Name** _____

**Signature** _____ **Date** _____

**Position** _____

**Place of Employment** _____

**Address** _____

_____

_____

**Phone** xxx-xxx-xxxx _____ **E-mail** _____